

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Blue  
City (No. 9425 Independence Ave)

Registration District No. 398  
Primary Registration District No. 5554

File No. 37863  
Registered No. 345  
St.      Ward     

2. FULL NAME Francis Marion Butler

(a) Residence, No. 9425 Independence Ave St.      Ward       
(Usual place of abode)  
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lydia Patterson Butler  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May/10/1853  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
84 5 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Switchman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad  
10. Date deceased last worked at this occupation (month and year)      11. Total time (years) spent in this occupation     

12. BIRTHPLACE (CITY OR TOWN) Ill  
(STATE OR COUNTRY)

13. NAME Samual Butler  
14. BIRTHPLACE (CITY OR TOWN) New York  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Adah Hawley  
16. BIRTHPLACE (CITY OR TOWN) New York  
(STATE OR COUNTRY)

17. INFORMANT Andrew J Butler  
(ADDRESS) 9425 Independence Ave

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Union Cemetery DATE Oct/28, 1937

19. UNDERTAKER Reil Funeral Home  
(ADDRESS) 6506 Independence

20. FILED 10-29-1937 J. D. Cook  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct/26/37, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937, to Oct 26, 1937

I last saw him alive on Oct 24, 1937. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

Myocardial degeneration with ?  
Parasarc (general)  
Date of onset     

Other contributory causes of importance:

Name of operation      Date of       
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?      Date of injury     , 19      
Where did injury occur?      (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury       
Nature of injury     

24. Was disease or injury in any way related to occupation of deceased? no  
Yes, specify       
(Signed) Charles Nickerson, M. D.  
(Address) Independence, Mo

